ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA			CERTIFICATE NO	-117-
County Of Maricopa	} ss		DOCKET NO.	EMS 2637
THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of MAYER FIRE DISTRICT AMBULANCE SERVICE				
as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:				
1. Service Area:	Same being com Spring Valley, C Junction on Sta- south on Interst	monly referred to as t Cordes Junction, and C te Highway 69 milepos ate 17 to milepost 254	the Mayer Fire District as of the communities of Mayer, F Cordes Lakes. The District I t 275.3 to Interstate 17 at C and north on Interstate 17 t	Poland Junction, pegins at Poland ordes Junction, to milepost 268.9.
The following boundaries that extend south along Interstate 17 to milepost 248, including the communities of Old Cordes and Bumble Bee. North on Interstate 17 to				
milepost 270, including the community of Orme.				
 Central Operations Station: 10001 S. Miami Street, Mayer, Arizona. Response Times: 				
 3. Response Times: a. Ten (10) minutes on ninety (90) percent of all EMS calls. b. Fifteen (15) minutes on ninety-five (95) percent of all EMS calls. c. Thirty (30) minutes on one hundred (100) percent of all EMS calls. Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this				
RENEWAL.				
CERTIFICATE OF NECESSITY				
authorizing the operation unless for cause soone Department.	on of the aforesaid ar er amended, susper	nbulance service for a peri ded, revoked or terminate	od ending June 30 d subject to the decisions and c	
PROVIDED, to of Health Services.	hat this certificate sh	all not be assigned nor tra	ansferred unless authorized by t	he Arizona Department
The factor of th		WITNESS WHEREOF, I the Director of the Arizon hand and caused the offi to be affixed at Phoenix,	CATHERINE R a Department of Health Services cial seal of the Arizona Departme Arizona on 7/2/	A. EDEN , have hereunto set my of Health Services